

Scoliosis Screening Appointment Request

Date: [Insert Date]

[Referring Physician's Name]

[Referring Physician's Address]

[City, State, Zip Code]

Dear [Referring Physician's Name],

I hope this message finds you well. I am writing to request a referral for scoliosis screening for my patient, [Patient's Name], who is [Patient's Age] years old. Given the concerns regarding their spinal alignment, I believe a comprehensive assessment is warranted.

Please find below the patient's details:

- **Patient Name:** [Patient's Full Name]
- **Date of Birth:** [Patient's DOB]
- **Insurance Information:** [Patient's Insurance]

I recommend scheduling an appointment at your earliest convenience. If you require any additional information, feel free to contact me directly.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]

[Your Practice Name]